

which benefit from your proposed grant activities must be adjacent to the public housing development;

(ii) Training programs on mediation and communication skills;

(iii) Training programs on dispute resolution and reconciliation, including training addressing racial, ethnic and other forms of diversity;

(iv) Workshops for youth services including: child abuse and neglect prevention, tutorial services, youth leadership skills, youth mentoring, peer pressure reversal, life skills, social skills, goal planning, health, wellness and nutrition. The workshops may be held in partnership with community-based organizations such as local Boys and Girls Clubs, YMCA/YWCA, Boy/Girl Scouts, Campfire and Big Brother/Big Sisters, etc. Food costs that are directly attributable to the actual nutrition, wellness and health training are an eligible grant expenditure. These are not food costs associated with entertainment.

(v) Training in the development of strategies to successfully implement a youth program. For example, assessing the needs and problems of youth, improving youth initiatives that are currently active, and training youth, housing agency staff, resident management corporations resident organizations and resident councils on youth initiatives and program activities.

(b) *Capacity Building*. Eligible activities for CB grants may include, but are not limited to:

(i) Training Board members in community organizing, Board development, and leadership training;

(ii) Conducting the feasibility of training existing resident groups for resident management or for a specific resident management project;

(iii) Assisting in the creation of an RMC, such as consulting and legal assistance to incorporate, preparing by-laws and drafting a corporate charter;

(iv) Developing the management capabilities of existing resident organizations;

(v) Determining the feasibility of homeownership by residents, including assessing the feasibility of other housing (including HUD-owned or held single or multi-family) affordable for purchase by residents.

(3) *Ineligible Activities*. Ineligible activities are the same as those listed in Section III(C)(4) of this program section of the SuperNOFA, above.

(a) In addition, physical development activities are not eligible for funding under CB or CR grants.

(b) The cost of application preparation is not eligible.

(4) *Administrative costs* may include, but are not limited to, purchase of furniture, office equipment and supplies, training, quality assurance, travel, and utilities. Administrative costs must not exceed 20% of the total grant costs.

(5) *Grant term*. The grant term for both Conflict Resolution and Capacity Building grants is thirty-six months from the execution date of the grant agreement.

(E) *Resident Service Delivery Models (RSDM)*.

(1) *Eligible Applicants*. (a) *Family*. This funding category provides grants to PHAs, Tribes/TDHEs, resident management corporations, resident councils, resident organizations, and nonprofit entities supported by residents, to enable them to establish and implement comprehensive programs that assist residents in becoming self-sufficient

(b) *Elderly and Persons with Disabilities*. PHAs, Tribes/TDHEs and non-profits supported by a duly elected resident council are the only eligible applicants in providing supportive services for the elderly and persons with disabilities.

(c) IROs with 501(c) status may apply as non-profit entities under this funding category.

(2) *Number of RSDM Applications Permitted*. (a) *General*. PHAs must submit an application either for a family or an elderly grant. ROs or RCs must submit one application for a family grant; and non-profits may submit one application for a family or elderly grant representing up to three public or Indian housing resident groups.

(b) *Joint applications*. Two or more applicants may join together to submit a joint application for proposed grant activities. Joint applications must designate a lead applicant. All parties in a joint application (lead or non-lead) are considered to be applying for ROSS and are therefore subject to the limit of one ROSS application per applicant, with the exception of those Public Housing Service Coordinator renewal applicants that may also apply in one additional ROSS category. Both lead and non-lead applicants are subject to threshold requirements. Joint applications may include PHAs, RAs, IROs, Tribes/TDHEs, and nonprofit entities on behalf of residents organizations. Joint applications must also provide evidence of resident support. The maximum funding for joint applications cannot exceed the sum of the individual grants as specified above. Any eligible applicant can serve as a lead applicant.

(3) *Eligible participants*. Program participants must be residents of

conventional public or Indian housing. You must provide a certification that at least 51 percent of those served by your proposed activities are residents affected by welfare reform.

(4) *Eligible Activities*. Funds may be used for the activities described below for the family category.

(a) *Program Coordinator*. You are encouraged to include a Program Coordinator for either proposed family or elderly RSDM activities for the entire term of your grant. A Program Coordinator is a person who is responsible for coordinating various proposed activities to ensure that their accomplishment will assist in achieving overall grant goals and objectives.

(b) *Physical improvements*. Physical improvements to provide space for self-sufficiency activities for residents (i.e. to provide cosmetic repairs for space to conduct community activities; or to expand existing community space for proposed ROSS activities) or modification for accessibility for persons with disabilities. Physical improvements may not exceed 50% of the total grant amount and must be directly related to providing space for self-sufficiency activities for residents. Physical improvements include the following:

(i) Renovation, conversion, and repair costs may be essential parts of physical improvements. In addition, architectural, engineering, and related professional services required to prepare architectural plans or drawings, write-ups, specifications or inspections may also be part of the cost components to implement physical improvements;

(ii) The renovation, conversion, or combination of vacant dwelling units in a housing development to create common areas to accommodate the provision of supportive services is an eligible activity for physical improvement;

(iii) The renovation of existing common areas in a housing development to accommodate the provision of supportive services is an eligible activity for physical improvements;

(iv) The renovation or repair of facilities located near the premises of one or more housing developments to accommodate the provision of supportive services is an eligible activity for physical improvements;

(v) If renovation, conversion, or repair is done off-site, you must provide documentation that you have control of the proposed property for not less than 2 years and preferably for 4 years or more. Control can be evidenced through a lease agreement, ownership

documentation or other appropriate documentation.

(vi) All renovations must meet appropriate section 504 accessibility requirements.

(c) *Entrepreneurship training.* Entrepreneurship training includes literacy training, computer skills training, business development planning.

(d) *Entrepreneurship development.* Entrepreneurship development includes entrepreneurship training curriculum, entrepreneurship courses.

(e) *Micro/Loan fund.* Developing a strategy for establishing a revolving micro/loan fund and/or capitalizing a loan fund, including licensing, bonding, and insurance needed to operate a business. Revolving loan funds can not be used for acquisition, disposition, or physical development;

(f) *Developing credit unions.* Developing a strategy to establish and/or create on-site credit union(s) to provide financial and economic development initiatives to PHA residents. (RSDM grant funds cannot be used to capitalize a credit union.) The credit union can support the normal financial management needs of the community (i.e., check cashing, savings, consumer loans, micro-businesses money management, home buyer counseling, educational loans, and other revolving loans).

(g) *Individual development accounts.* Activities or programs that encourage residents to contribute to matched savings accounts known as Individual Development Accounts (IDAs). These programs include financial counseling and education activities. (RSDM funds cannot be used as matching funds for the actual savings account).

(h) *Employment training and counseling* (e.g., job training, establishing registered apprenticeship programs, preparation and counseling, job search assistance, job development and placement, and supportive services to support job training and apprenticeship activities).

(i) *Employer linkage and job placement.*

(j) *Family only—supportive services activities.* The provision of services to assist eligible residents to become economically self-sufficient, particularly families with children where the head of household would benefit from the receipt of supportive services and is working, seeking work, or is preparing for work by participating in job-training or educational programs. Eligible supportive services may include, but are not limited to:

(i) Child care, of a type that provides sufficient hours of operation and serves

appropriate ages as needed to facilitate parental access to education and job opportunities.

(ii) Computer-based educational opportunities, skills training, and entrepreneurial activities.

(iii) Homeownership training and counseling, development of feasibility studies and preparation of homeownership plans/proposals.

(iv) Education including but not limited to: remedial education; computer skills training; career counseling; literacy training; assistance in the attainment of certificates of high school equivalency; two-year college tuition assistance; trade school assistance; youth leadership skills and related activities (activities may include peer leadership roles training for youth counselors, peer pressure reversal, life skills, and goal planning). Academic support shall not be limited to TANF recipients.

(v) Youth mentoring of a type that mobilizes a potential pool of role models to serve as mentors to public housing youth. Mentor activities may include after-school tutoring, help with problem resolution issues, illegal drugs avoidance, job counseling, or mental health counseling.

(vi) Transportation costs, as necessary to enable any participating family member to receive available services to commute to his or her training or supportive services activities or place of employment.

(vii) Personal well-being (e.g., family/parental development counseling, parenting skills training for adult and teenage parents, self-development counseling, support groups/counseling for victims of domestic violence, and/or families with a mentally ill member, etc.).

(viii) Supportive health care services (e.g., outreach and referral services to substance and alcohol abuse treatment and counseling, mental health services, wellness programs). Food costs that are directly attributable to the actual nutrition and health training are an eligible grant expenditures. These are not food costs associated with entertainment.

(ix) Contracting for case management services or employment of case managers, which must ensure confidentiality about resident's disabilities.

(x) Establishing and/or operating Neighborhood Network Centers that use computer technology and telecommunications for job training, after-school youth programs, educational, and health activities.

(xi) Administrative costs may include, but are not limited to, purchase of

furniture, office equipment and supplies, quality assurance, travel, and utilities. Administrative costs must not exceed 20% of the total grant costs.

(xii) Stipends. No more than \$200 per participant per month of the grant award may be used for stipends for active trainees and program participants to cover the reasonable costs related to participation in training and other activities.

(5) *Elderly and persons with disabilities—supportive services activities* may include, but are not limited to:

(i) A Program Coordinator (See Section III(E) for a description);

(ii) Meal service adequate to meet nutritional need;

(iii) Assistance with daily activities;

(iv) Housekeeping aid;

(v) Transportation services;

(vi) Wellness programs, preventive health education, referral to community resources;

(vii) Personal emergency response;

(viii) Congregate services—includes supportive services that are provided in a congregate setting at a conventional public housing development; and

(viii) Case management.

(h) Administrative costs. Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, training, quality assurance, travel, and utilities. Administrative costs must not exceed 20% of the total grant costs.

(5) *Ineligible Activities.* Activities for which costs are ineligible for funding under the RSDM funding category include:

(i) Elderly Service Coordinator salary funding;

(ii) Payment of wages and/or salaries to participants receiving supportive services and/or training programs, except that grant funds under family RSDM may be used to hire a resident(s) as a Program Coordinator or to provide training program activities;

(iii) Purchase or rental of land;

(iv) New construction, materials, costs;

(v) Purchase of vehicles; and

(vi) Cost of application preparation is not eligible.

(6) *Grant term.* The grant term for Resident Service Delivery Models grants is thirty-six months from the execution date of the grant agreement.

(F) *Service Coordinators for Elderly and Persons with Disabilities.* (1) *Eligible Applicants.* This funding category provides grants to PHAs with developments designated for the elderly and persons with disabilities which were initially awarded in FY 1995.

(2) *Joint Applications.* Two or more PHAs may join together to share a

service coordinator and so submit joint applications. Joint applicants must designate a lead applicant. All joint applicants must be existing service coordinator grantees.

(3) *Eligible developments.* To be eligible, a development must have elderly residents and/or non-elderly residents with disabilities who together total at least 25 percent of the building's residents.

(4) *Eligible Activities.* Under this funding category, funds may be used for the following activities:

(a) *Service Coordinator.* To pay for the salary, fringe benefits, and related administrative costs for employing a service coordinator. A service coordinator is a social service staff person hired or contracted by the PHA. The coordinator is responsible for assuring that elderly residents, especially those who are frail or at risk, and those non-elderly residents with disabilities are linked to the supportive services they need to continue living independently in that development. The service coordinator, however, may not require any elderly person or person with disabilities to accept the supportive services. For the purposes of this program, a service coordinator is any person who is responsible for one or more of the following functions:

(i) Working with community service providers to coordinate the provision of services and to tailor the services to the needs and characteristics of eligible residents;

(ii) Establishing a system to monitor and evaluate the delivery, impact, effectiveness and outcomes of supportive services under this program;

(iii) Coordinating this program with other independent living or self-sufficiency, education and employment programs;

(iv) Performing other duties and functions to assist residents to remain independent, and to prevent unnecessary institutionalization; and

(v) Mobilizing other national and local public/private resources and partnerships.

(b) *Administrative costs.*

Administrative costs may include, but are not limited to, purchase of furniture, office equipment and supplies, training, quality assurance, travel, and utilities. Administrative costs must not exceed 20% of the total grant costs.

(5) *Ineligible Activities/Costs.* (a) Applicants may not use these monies to replace current funding from other sources for a Service Coordinator or for some other staff person who performs service coordinator functions; and

(b) The cost of application preparation is not eligible.

(6) *Grant term.* The grant term for Elderly or Persons with Disabilities Service Coordinator grants is 12 months.

#### IV. Program Requirements

The requirements of this section are applicable to all applicants, and grantees under this announcing of funding availability.

(A) *Compliance with Fair Housing and Civil Rights Laws.* Your application must meet all the applicable threshold requirements found in Section II(B) of the General Section of the SuperNOFA, as well as the following requirements.

(B) *Affirmatively Furthering Fair Housing.* You must adhere to the requirement as provided in Section II(D) of the General Section of the SuperNOFA.

(C) *Section 109.* In addition to the fair housing and other civil rights assurances described under Section II(B) of the General Section of the SuperNOFA, applicants for ROSS must provide assurance that they will comply with section 109 of the Housing and Community Development Act of 1974, as amended. Implementing regulations for section 109 are found under 24 CFR part 6 and part 570, including, but not limited to, reporting and record-keeping requirements under 24 CFR 570.506 and 570.507.

(D) *Certifications and Assurances.* You must comply with the certifications and assurances contained in Section II(G) of the General Section of the SuperNOFA.

(E) *Applicant Internet Access.* Prior to the initial draw down, all grantees must have secured online access to the Internet as a means to communicate with HUD on grant matters.

(F) *ROSS Evaluation and Assessment.* All applicants selected for award must be willing to participate in the evaluation and assessment that HUD intends to conduct for the ROSS Program. At grant award HUD will provide additional information on the evaluation and assessment for applicants who receive awards.

#### V. Application Selection Process

(A) *Application Selection Process for Resident Management and Business Development.* Applicants for Resident Management and Business Development grants are required to address application submission requirements, but are not required to address selection factors. Eligibility will be determined by applications that meet the threshold requirements of Section VI of this program section of the SuperNOFA. HUD will accept for funding the first five eligible applications from each of the ten federal regions and ONAP on a

first-come, first-serve basis for this SuperNOFA. Any funds remaining after making awards to the first five eligible applications from each region and ONAP will be awarded to the next eligible application from each region, then the next, and so forth until funds are exhausted. If sufficient funds are not available in any round to fund an eligible application from each region, the eligible applications will then be funded in the order in which they were received regardless of region. Where physical development activities are proposed, HUD will perform an environmental review, to the extent required by 24 CFR part 50, prior to award. The results of the environmental review may require that proposed activities be modified or proposed sites rejected. If all funds are not awarded in one funding category, funds are transferable to other ROSS funding categories in this ROSS competition.

(B) *Application Selection Process for Capacity Building or Conflict Resolution.* Applicants for Conflict Resolution or Capacity Building grants are required to address application submission requirements but are not required to address selection factors. Eligibility will be determined by applications that meet the threshold requirements of Section VI of this program section of the SuperNOFA. HUD will accept for funding the first two eligible applications from each of the ten federal regions and ONAP on a first-come, first-serve basis for this SuperNOFA. Any funds remaining after making awards to the first two eligible applications from each region and ONAP will be awarded to the next eligible application from each region, then the next, and so forth until funds are exhausted. If sufficient funds are not available in any round to fund an eligible application from each region, the eligible applications will then be funded in the order in which they were received regardless of region. If all funds are not awarded in one funding category, funds are transferable to the other ROSS funding categories in this ROSS competition.

(C) *Application Selection Process for Resident Service Delivery Models.* (1) Three types of reviews will be conducted: a screening to determine if your application submission is complete and on time; a threshold review to determine applicant eligibility; and a technical review to rate your application based on the five rating factors provided in this section. A minimum score of 70 is required to be considered for funding. If you are not the PHA, where physical development activities are proposed, HUD will perform an environmental

review, to the extent required by 24 CFR part 50, prior to award. The results of the environmental review may require that proposed activities be modified or proposed sites rejected.

(2) The selection process is designed to achieve geographic diversity of grant awards throughout the country. HUD will first select the highest ranked application from each of the ten federal regions and ONAP for funding. After this "round," HUD will select the second highest ranked application in each of the ten federal regions and ONAP for funding (the second round). HUD will continue this process with the third, fourth, and so on, highest ranked applications in each federal region until the last complete round is selected for funding. If available funds exist to fund some but not all eligible applications in the next round, HUD will make awards to those remaining applications in rank order regardless of region and will fully fund as many as possible with remaining funds. In addition, if all funds are not awarded in this funding category, funds are transferable to other funding categories in this ROSS Competition.

(D) *Factors for Award Used to Evaluate and Rate RSDM Applications.* The factors for rating and ranking applicants and maximum points for each factor are provided below. The maximum number of points available for this program is 104. This includes two EZ/EC bonus points and two bonus points for apprenticeship programs, as described in the General Section of the SuperNOFA. The application kit contains a certification that must be completed for the applicant to be considered for EZ/EC and apprenticeship program bonus points and a listing of federally designated EZs and ECs. A RSDM application must receive a total of 70 points out of 100 to be eligible for funding.

#### **Rating Factor 1: Capacity of the Applicant and Relevant Organizational Experience (20 Points)**

This factor addresses the extent to which the applicant has the organizational resources necessary to successfully implement the proposed activities in a timely manner. In rating this factor HUD will consider the extent to which the proposal demonstrates:

(1) *Proposed Program Staffing.* (7 Points)

(a) *Experience.* (4 Points) The knowledge and experience of your proposed project director and staff, including the day-to-day program manager, sub-recipients and partners in planning and managing programs for which funding is being requested. Your

experience will be judged in terms of recent, relevant and successful experience to undertake eligible program activities.

(b) *Sufficiency.* (3 Points) You and your sub-recipients, and partners have sufficient personnel or will be able to quickly access qualified experts or professionals, to deliver the proposed activities in each proposed service area in a timely and effective fashion, including your readiness and ability to immediately begin the proposed work program. To demonstrate sufficiency, you must submit the proposed number of staff years to be allocated to your program by employees and experts, the titles and relevant professional background and experience of each employee and expert proposed to be assigned to your program, and the roles to be performed by each identified employee and expert.

(2) *Program Administration and Fiscal Management.* (7 Points)

(a) *Program Administration.* (4 Points) The soundness of the proposed management of your proposed RSDM program. To receive a high score, you must provide a comprehensive description of your project management structure. Your narrative must provide a description of how any co-applicants, sub-grantees, and other partner agencies relate to the program administrator as well as the lines of authority and accountability among all components of your proposed program.

(b) *Fiscal Management.* (3 Points) The soundness of your proposed fiscal management. To receive a high score you must provide a comprehensive description of the fiscal management structure, including, but not limited to, budgeting, fiscal controls, and accounting. The application must identify the staff responsible for fiscal management, and the processes and timetable for implementation during the proposed grant period.

(3) *Applicant/Administrator Track Record.* (6 Points) To receive a high score, you must demonstrate your (or your proposed Administrator's) program compliance and successful implementation of any resident self-sufficiency, security or independence oriented grants (including those listed below) awarded to you or overseen by your Administrator. If you or your Administrator has no prior experience in operating programs that foster resident self-sufficiency, security or independence you will receive a score of 0 on this factor. Your past experience may include, but is not limited to, administering the following grants: Family Investment Center Program; Youth Development Initiative under

Family Investment Center Program; Youth Apprenticeship Program; Apprenticeship Demonstration in the Construction Trades Program; Urban Youth Corps Program; HOPE I Program; Public Housing Service Coordinator Program; Public Housing Drug Elimination Program; Tenant Opportunities Program; Economic Development and Supportive Services; and Youth Sports Program.

#### **Rating Factor 2: Need/Extent of the Problem (20 Points)**

This factor addresses the extent to which there is a need for funding your proposed program activities to address a documented problem in the target area. You will be evaluated on the extent to which they document a critical level of need in the development or your proposed activities in the area where activities will be carried out. In responding to this factor, you will be evaluated on:

(1) *A Needs Assessment Document.* (18 Points) HUD will award up to 18 points based on the quality and comprehensiveness of the needs assessment document.

(a) To obtain maximum points for Family RSDM applications, this document must contain statistical data which provides:

(i) A thorough socioeconomic profile of the eligible residents to be served by your program, in relationship to PHA-wide and national public and assisted housing data on residents who are on TANF, SSI benefits, or other fixed income arrangements; in job training, entrepreneurship, or community service programs; and employed;

(ii) Specific information on training, contracting, and employment through the PHA.

(iii) An assessment of the current service delivery system as it relates to the needs of the target population, including the number and type of services, the location of services, and community facilities currently in use;

(iv) A description of the goals, objectives, and program strategies that will result in the successful transition of residents from welfare-to-work.

(b) In order to obtain maximum points for Elderly and Persons with Disabilities RSDM applications, the needs assessment document should contain statistical data that provide:

(i) The numbers of residents needing assistance for activities of daily living.

(ii) An assessment of the current service delivery system as it relates to the needs of the target population, including the number and type of services, the location of services, and community facilities currently in use.

(iii) A description of the goals, objectives, and program strategies that will result in increased independence for proposed program participants.

(2) *Level of Priority in Consolidated Plan.* (2 Points) Documentation of the level of priority the locality's, or in the case of small cities, the State's, Consolidated Plan has placed on addressing the needs. You may also address needs in terms of fulfilling the requirements of court actions or other legal decisions or which expand upon the Analysis of Impediments to Fair Housing Choice (AI) to further fair housing. If you address needs that are in your community's Consolidated Plan, AI, or a court decision, or identify and substantiate needs in addition to those in the AI, you will receive a greater number of points than applicants who do not relate their proposed program to the approved Consolidated Plan or AI or court action. There must be a clear relationship between your proposed activities, community needs and the purpose of the program funding for you to receive points for this factor.

### **Rating Factor 3: Soundness of Approach (40 Points)**

This factor addresses the quality and cost-effectiveness of your proposed work plan. In rating this factor HUD will consider: the viability and comprehensiveness of your strategies to address the needs of residents; budget appropriateness/efficient use of grant; the speed at which you can realistically accomplish the goals of the proposed RSDM program; the soundness of your plan to evaluate the success of your proposed RSDM program at completion and during program implementation; and resident and other partnerships; and policy priorities.

(1) *Viability and comprehensiveness of the strategies to address the needs of residents* (21 Points) The score under this subfactor will be based on the viability and comprehensiveness of your strategies to address the needs of residents.

(a) *Services.* (18 Points for Family RSDM applicants and 21 Points for Elderly and Persons with Disabilities RSDM applicants. More points are awarded in the Elderly and Persons with Disabilities RSDM applications to balance other sections of the rating criteria where points are not applicable to an Elderly and Persons with Disabilities RSDM applicant) The score under this subfactor will be based on the following:

(i) For Family RSDM applications, the extent to which your plan provides services that specifically address the successful transition from welfare to

work of non-elderly families. To receive a high score, your plan must include case Management/counseling, job training/development/placement (and/or business training/development/startup), child care, and transportation services. If you are not proposing to use RSDM funding for these activities, you must show that you will provide these services with other funds or through specific commitments from partners.

(ii) In order to receive maximum points, the goals and objectives of your proposed plan must represent significant achievements related to welfare-to-work and other self-sufficiency/independence goals. Specifically for those residents affected by welfare reform, we are interested in achievements that are performance outcomes such as the number of residents employed or business started, in addition to, process descriptions, such as the number of residents receiving training.

(iii) For Elderly and/or Persons with Disabilities RSDM applications, services in your plan should include case management, health care, congregate services and transportation. To obtain maximum points, you must describe the goals, objectives, and program strategies that will result in increased independence for proposed program participants; your services must be located in a community facility; and must be available on a 12-hour basis or as needed by the eligible residents.

(b) *Resident Contracting and Employment.* (3 Points) The score in this factor will be based on the extent to which residents will achieve self-sufficiency through your contracts with resident-owned businesses and through resident employment. A high score will be awarded where there is documentation (a letter or resolution from your governing body) describing your commitment to hire or contract with at least 15% of residents and a narrative describing the number of resident jobs or contracts involved, as well as the training processes related to the comprehensive plan of your application. Elderly and Persons with Disabilities RSDM applications will not be scored on the criterion in this subcategory.

(2) *Budget Appropriateness/Efficient Use of Grant.* (5 Points) The score in this factor will be based on the following:

(a) *Detailed Budget Break-Out.* The extent to which your application includes a detailed budget break-out for each budget category in the SF-424A.

(b) *Reasonable Administrative Costs.* The extent to which your application includes administrative costs at or

below the 20% administrative cost ceiling.

(c) *Budget Efficiency.* The extent to which your application requests funds commensurate with the level of effort necessary to accomplish your goals and anticipated results.

(3) *Reasonableness of the Timetable.* (2 Points for Family RSDM applicants and 4 Points for Elderly and Persons with Disabilities RSDM applicants. More points are awarded in Elderly and Persons with Disabilities RSDM applications in order to balance other sections of the rating criteria where points are not applicable to an Elderly and Persons with Disabilities RSDM applicant)

The score in this factor will be based on a reasonable response that you can accomplish the goals of your proposed RSDM program. To receive a high score, you must demonstrate that it will make substantial program implementation progress within the first six months after grant execution, including putting staff in place, finalizing partnership arrangements, completing the development of requests for proposals, and achieving other milestones that are prerequisites for implementation of the program. In addition, you must demonstrate that your proposed timetable for all components of the proposed program is feasible considering the size of your award and activities and results that can be accomplished within the 36-month time limit.

(4) *Program Assessment.* (3 Points for Family RSDM and Elderly and Persons with Disabilities RSDM) The score in this factor will be based on the soundness of your plan to evaluate the success of your proposed RSDM program both at the completion of your program and during program implementation. At a minimum, you must track the goals and objectives of your proposed work plan program, which must include, if applicable, a plan for monitoring your Contract Administrator's performance. Your application should track specific measurable achievements for the use of program funds, such as number of residents employed, salary scales of jobs obtained, persons removed from welfare roles 12 months or longer, number of elderly or persons with disabilities residents receiving supportive services, and number of persons receiving certificates for successful completion of training in careers such as computer technology.

(5) *Resident and Other Partnerships* (9 Points for Family RSDM applicants and 7 Points for Elderly and Persons with Disabilities RSDM applicants)

(a) *Resident Involvement in RSDM Activities* (3 Points for Family RSDM applicants and 4 Points for Elderly and Persons with Disabilities RSDM applicants. More points are awarded in Elderly and Persons with Disabilities RSDM applications in order to balance other sections of the rating criteria where points are not applicable to an Elderly and Persons with Disabilities RSDM applicant): The score in this factor will be based on the extent of resident involvement in developing your proposed RSDM program as well as the extent of proposed resident involvement in implementing your proposed RSDM program. To receive a high score on this factor, you must describe the involvement of residents in the planning phase for this program, and a commitment to provide continued involvement in grant implementation. For applicants to receive the maximum number of points, a work plan, must be included.

(b) *Other Partnerships*. (3 Points) The score in this factor will be based on the successful integration of partners into implementation of the proposed RSDM program. To receive a high score, you must provide a signed Memorandum of Understanding (MOU) or other equivalent signed documentation that delineates the roles and responsibilities of each of the parties in your program and the benefits they will receive. In assessing this subfactor, HUD will examine a number of aspects of the proposed partnership, including:

(i) The division of responsibilities/management structure of your proposed partnership relative to the expertise and resources of your partners;

(ii) The extent to which the partnership as a whole addresses the unmet resident needs; and

(iii) The extent to which the addition of the partners provides the ability to meet needs that the applicant could not meet without the partner(s).

(c) *Overall Relationship/Coordination*. (3 Points for Family RSDM only) For Family RSDM applicants, the score in this factor will be based on the extent of coordination between your proposed RSDM program and any existing or proposed programs within your jurisdiction. To receive a high score, you must contain an MOU that describes collaboration between the applicant and residents on all of the specific components related to the work plan of the proposed RSDM program. To receive points, at a minimum, you must have a narrative description of this collaboration. Elderly and Persons with Disabilities RSDM applications will not be scored on this criterion.

#### **Rating Factor 4: Leveraging Resources (10 Points)**

This factor addresses your ability to secure community resources (note: financing is a community resource) that can be combined with HUD's program resources to achieve program purposes. You must have at least a 25% cash or in-kind match to receive points under this rating factor. Leveraging in excess of the 25% of the grant amount will receive a higher point value. In evaluating this factor HUD will consider:

The extent to which you have partnered with other entities to secure additional resources to increase the effectiveness of your proposed program activities. The budget, the work plan, and commitments for additional resources and services, other than the grant, must show that these resources are firmly committed, will support the proposed grant activities and will, in combined amount (including in-kind contributions of personnel, space and/or equipment, and monetary contributions) equal at least 25% of the RSDM grant amount proposed in this application. "Firmly committed" means there must be a written agreement with the provider of resources, signed by an official legally able to make commitments on behalf of the organization. The signed, written agreement may be contingent upon you receiving a grant award. Other resources and services may include: the value of in-kind services, contributions or administrative costs provided to the applicant; funds from Federal sources (not including RSDM funds); funds from any State or local government sources; and funds from private contributions. You may also partner with other program funding recipients to coordinate the use of resources in your target area.

You must provide evidence of leveraging/partnerships by including in the application letters of firm commitments, Memoranda of Understanding, or agreements to participate from those entities identified as partners in the application. To be firmly committed there must be a written agreement with the provider of resources signed by an official legally able to make commitments on behalf of the organization. This agreement may be contingent upon you receiving a grant award. Each letter of commitment, Memorandum of Understanding, or agreement to participate should include the organization's name, proposed level of commitment and responsibilities as they relate to the proposed program.

#### **Rating Factor 5: Comprehensiveness and Coordination (10 Points)**

This factor addresses the extent to which your program reflects a coordinated, community-based process of identifying needs and building a system to address the needs by using available HUD funding resources and other resources available to the community.

In evaluating this factor HUD will consider the extent to which your application addresses:

(1) *Coordination with the Consolidated Plan* (2 Points for Family RSDM applicants and 6 points for Elderly and Persons with Disabilities RSDM applicants. More points are awarded for Elderly and Persons with Disabilities RSDM applications in order to balance other sections of the rating criteria where points are not applicable to an Elderly and Persons with Disabilities RSDM applicant.) Demonstrates the applicant has reviewed the community's Consolidated Plan and/or Analysis of Impediments to Fair Housing Choice, and has proposed activities that address the priorities, needs, goals or objectives in those documents; or substantially furthers fair housing choice in the community.

(2) *For Family RSDM Applications, Coordination with the State and/or Local Welfare Plan* (4 Points): Provides evidence that your proposed RSDM program has been coordinated with and supports the PHA's, efforts to increase resident self-sufficiency and is coordinated and consistent with the State, or local Welfare Plan.

(3) *Coordination with Other Activities* (4 Points) Demonstrates that in carrying out your program activities, you will develop linkages with: other HUD-funded program activities proposed or on-going in the community; or other State, Federal or locally funded activities proposed or on-going in the community which, taken as a whole, support and sustain a comprehensive system to address the needs.

#### **(D) Application Selection Process for Service Coordinators**

Applicants for Service Coordinators are required to address application submission requirements but are not required to address selection factors. Eligibility will be determined by applications that meet the threshold requirements of Section IV of this program section of the SuperNOFA.

#### **VI. Application Submission Requirements**

(A) *All Applications*. All applications for assistance under the ROSS

competition for all funding categories must include the forms, certifications and assurances listed in Section IV of the General Section of the SuperNOFA (collectively referred to as the "standard forms"). These forms are:

- SF-424, Application Federal Assistance;
- HUD-424M, Federal Assistance Funding Matrix;
- SF-424A, Federal Assistance Budget Information—Non Construction;
- SF-424B, Assurances for Non-Construction Programs;
- HUD Form 50070, Drug-Free Workplace Certification;
- HUD Form 50071, Certification of Payments to Influence Federal Transactions, and if applicable SF-LLL, Disclosure of Lobbying Activities;
- HUD Form 2880, Applicant/Recipient Disclosure/Update Report;
- HUD Form 2992, Certification of Debarment and Suspension;
- HUD Form 2993, Acknowledgment of Application Receipt.

The standard forms can be found in Appendix B to the General Section of the SuperNOFA. The remaining application items that are forms (i.e., excluding such items as narratives), referred to as the "non-standard forms" can be found as Appendix A to this program section of the SuperNOFA.

All applicants must include the following information regardless of the category under which they are applying for funds.

- (1) ROSS Application Cover Sheet;
- (2) ROSS Fact Sheet;
- (3) ROSS Program Summary;
- (4) Certification of Consistency and Compliance with threshold requirements of General Section of the SuperNOFA;

(5) You must provide assurance that you will comply under section 109 of the Housing and Community Development Act of 1974 and that you have resolved to the satisfaction of the Department before the application deadline any letter of noncompliance findings under section 109.

(6) *Match Requirement.* (a) You must supplement grant funds with an in-kind and/or cash match of not less than 25% of the grant amount. This match does not have to be a cash match. The match may include: the value of in-kind services, contributions or administrative costs provided to the applicant; funds from Federal sources (but not ROSS funds); funds from any State or local government sources; and funds from private contributions. Any services, such as child care or mentoring, conducted by elderly or persons with disabilities residents who are not TANF participants, will not be counted toward

your match requirement. You may also satisfy the match requirement by establishing the in-kind value of computer and office equipment, software and space used for training in computer technology, education/employment and skills development for self sufficiency training programs such as Twenty/20 Education Communities (TEC Centers) or Neighborhood Networks Centers.

(b) You must demonstrate that the cash or in-kind resources and services, which you will use as match amounts (including resources from a Comprehensive Grant, other governmental units/agencies of any type, and/or private sources, whether for-profit or not-for-profit), are firmly committed and will support the proposed grant activities. "Firmly committed" means there must be a written agreement to provide the resources and services signed by an official legally able to make commitments on behalf of the organization and specifies the cash and/or in-kind assistance to be provided. If offering in-kind assistance, the letter should provide an estimated dollar value for the in-kind services. The written agreement may be contingent upon your receiving a grant award. The following are guidelines for valuing certain types of in-kind contributions:

(c) The value of volunteer time and services shall be computed at a rate of six dollars per hour except that the value of volunteer time and services involving professional and other special skills shall be computed on the basis of the usual and customary hourly rate paid for the service in the community where the activity is located; and

(d) The value of any donated material, equipment, building, or lease shall be computed based on the fair market value at time of donation. Such value shall be documented by bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated not more than one-year old taken from the community where the item or activity is located, as appropriate. You may also satisfy the match requirement by establishing the in-kind value of computer and office equipment, software and space used for training in computer technology, education/employment and skills development for sufficiency training programs such as Twenty/20 Education Communities (TEC Centers) or Neighborhood Networks Centers.

(B) *RMBD Applications.* Applicants for Resident Management and Business Development grants are required to address application submission requirements, but are not required to

address selection factors. A threshold review, and not application submission requirements, will be used for determining eligibility for first-come first serve funding.

All applications for funding under this funding category must contain the following documents and information (Please note that items 1–9 are threshold requirements used to determine awards for this category; items 10–13 will be used for grant administration):

(1) Your application must contain a written certification that at least 51 percent of the public housing residents to be included in the proposed program are currently eligible to receive, are currently receiving, or have received within the preceding four years, assistance or services funded under the TANF, SSI, or food stamp programs.

(2) Your application must contain a signed Memorandum of Understanding (MOU) between the RA and the PHA or the RO/RMC and the Tribe/TDHE which describes the specific roles, responsibilities and activities to be undertaken by all parties to the MOU. Your MOU, at a minimum must identify the principal parties (i.e. the name of the PHA or tribe/TDHE and RA or RO, the terms of agreement), expectations or terms for each party, and indicate that the agreement pertains to the support of your grant application. This document is the basis for the foundation of the relationship between the RA or RO and PHA or tribe/TDHE. The MOU must be precise and outline the specific duties and objectives to be accomplished under the grant. All MOUs must be finalized, dated and signed by duly authorized officials of both the RA or RO and PHA or tribe/TDHE upon submission of the application.

(3) *Accessible Community Facility.* You must provide written evidence (e.g. through an executed use agreement if the facility is to be provided by an entity other than the PHA or tribe/TDHE) that a majority of the proposed activities will be administered at community facilities within easy transportation access (i.e., walking or by direct (no transfers required), convenient, inexpensive and reliable transportation of the property represented by the PHA or tribe/TDHE. The written agreement must certify that community facilities meet the structural accessibility requirement of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990.

(4) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25% of the grant amount. See Section VI(A)(5) of the program section of this SuperNOFA.



(5) For applicants other than Tribes/TDHEs, you must provide either a signed certification from HUD or an Independent Public Accountant that your financial management system and procurement procedures fully comply with 24 CFR part 84, or your application must contain a signed Contract Administrator Partnership Agreement that you will use the services of a Contract Administrator in administering your grant. Applicants that are troubled PHAs or tribes/TDHEs are required to provide written agreement that a Contract Administrator has been retained for the term of the grant. In cases where the Contract Administrator is the PHA or tribe/TDHE, the Contract Administration responsibilities can be incorporated into the MOU discussed above.

(6) Except for Tribes/TDHEs, if you are a RA/RC/RMC/CWRO you must include evidence that your organization is registered with the State as a nonprofit corporation at the time of application submission or has section 501(c) status with the United States Internal Revenue Service at the time of application. Evidence of State registration shall be a copy of the certificate of incorporation or certificate of good standing from the State Government (i.e. Secretary of State or Secretary of Corporations). Evidence of 501 (c) status shall be a copy of the IRS 501 (c) designation.

(7) Certification of Resident Council Board Elections. If you are a Resident Organization, you must submit certifications of the RA ROs board election as required by HUD, signed by the local PHA or tribe/TDHE and/or an independent third party monitor and notarized;

(8) List of RAs or ROs participating with the City-Wide Resident Organization (CWRO). You must list in your application, the name(s) of RAs or ROs that will receive services and you must submit letters of support from each RA or RO identified in your application;

(9) Physical Improvements. You must submit a description of the renovation or conversion to be conducted along with a budget and timetable for those activities. You must demonstrate a firm commitment of assistance from one or more sources ensuring that supportive services will be provided for not less than 2 years following the completion of renovation, conversion, or repair activities funded under this ROSS competition.

The following are application submission requirements and will not be used for determining eligibility for first-come first serve funding.

(10) Explanations for proposed grant activities must be provided by narrative statements or descriptions;

(11) Resident Management and Business Development grant applications must include a narrative description (two page limit) describing the activities that you will carry out with RMBD grant funds. Your description must include specific goals, objectives and program strategies that will result in successful transition of residents from welfare to work or other proposed grant activities;

(12) Your RMBD application must provide information about the RA or RO, including its history, staff qualifications, and its previous experience (two page limit). For proposed grant staffing, you must include a resume or summary of qualifications for all proposed grant staff:

Chart A—RMBD Program Staffing

Chart B—RMBD Applicant/

Administrator Track Record

Chart C—Summary RMBD Budget line Items

(13) You must provide a summary of a proposed work plan to carry out proposed grant activities. This work plan must include tasks, budgeted amounts, and dates for all activities during the grant period.

Chart D—Budget Workplan Summary

(C) *Applications for Capacity Building or Conflict Resolution.* All applications for funding under this funding category must contain the following documents and information. Only threshold requirements, an not application submission requirements, will be used for determining eligibility for funding. (Please note that items 1–8 are threshold requirements for a threshold review that will be used to determine awards for this category; items 9–13 will not be used to select awardees):

(1) Written Agreement with Mediator. Only conflict Resolution applicants must develop a work plan with a professional mediator or “grass roots” mediation organization (mediation/partner) that outlines the roles and responsibilities of each party. The work plan must specify that the mediation/partner will train grantee staff and/or volunteers such that the grantee will be capable of providing mediation assistance independently by the end of the grant term.

(2) Mediation Experience/Referral Agreement. Only conflict Resolution applicants must provide evidence that their mediator/partner has at least one year of experience in providing mediation services and at least one year of mediation training. Include either one

referral agreement with a judicial, law enforcement, or social service agency such as the court system or Welfare Department for mediation of public housing residents, or a narrative description of direct experience with public or assisted housing residents.

(3) Except for Tribes/TDHEs, applicant Nonprofit Status. You must provide evidence that your organization has registered with the State as a nonprofit corporation or has 501(c) nonprofit corporation status with the United States Internal Revenue Service at the time of application submission.

(4) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25% of the grant amount. See Section VI(A)(5) of this program section of the SuperNOFA.

(5) List of RAs or ROs Receiving Support. In CB and CR applications, you must list in your application the name of the RAs or ROs that will receive training, technical assistance and/or coordinated supportive services and you must submit letters of support from each entity identified in your application.

(6) For applicants other than Tribes/TDHEs, you must provide either a signed certification from HUD or an Independent Public Accountant that your financial management system and procurement procedures fully comply with 24 CFR part 84 or part 85, or your application must contain a signed Contract Administrator Partnership Agreement that you will use the services of a Contract Administrator in administering your grant. Applicants that are troubled PHAs are required to provide written agreement that a Contract Administrator has been retained for the term of the grant. In cases where the Contract Administrator is the PHA the Contract Administration responsibilities can be incorporated into the MOU discussed below.

(7) Your application must contain a signed Memorandum of Understanding (MOU) between the RA or RO and PHA or tribe/TDHE which describes the specific roles, responsibilities and activities to be undertaken by all parties to the MOU. Your MOU, at a minimum must identify the principal parties (i.e. the name of the PHA or tribe/TDHE and IRO/nonprofit, the terms of agreement), expectations or terms for each party, and indicate that the agreement pertains to the support of your grant application. This document is the basis for the foundation of the relationship between the IRO/nonprofit and PHA or tribe/TDHE. The MOU must be precise and outline the specific duties and objectives to be accomplished under the grant. All MOUs must be finalized,



dated and signed by duly authorized officials of both the IRO/nonprofit and PHA or tribe/TDHE upon submission of the application.

(8) You must provide written evidence (e.g., through an executed space use agreement if the facility is to be provided by an entity other than the PHA or tribe/TDHE) that proposed CB/CR activities or training will take place. The community facilities must be within easy transportation access (i.e., walking or by direct (no transfers required), convenient, inexpensive and reliable transportation of the property represented by the PHA or tribe/TDHE. The written agreement must certify that community facilities meet the structural accessibility requirement of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990.

The following are application submission requirements. Only threshold requirements, and not application submission requirements, will be used to determine eligibility for first-come first serve funding.

(9) Explanations for proposed grant activities must be provided by narrative statements or descriptions as well as the forms indicated below:

(10) Needs Assessment. For the CB and CR grant applications you must provide a narrative description of proposed activities that addresses the following information:

(i) A description of the geographic boundaries of the RAs, ROs or RMCs included in the application;

(ii) A description of the public housing community;

(iii) A detailed description of the issues or problems involved with each RA or RO to be served by the grant; and

(iv) The resources that are currently being devoted to the problem or issue under consideration.

(11) Proposed Program Activities. CB/CR grant applications must include a narrative description describing the activities that you will carry out with CB/CR grant funds. Your description must include specific goals, objectives and program strategies that will result in successful proposed grant activities;

(12) Experience and Staffing. Your CB/CR grant application must provide information about the your organization, including its history, staff qualifications, and its previous experience (two page limit). For proposed grant staffing, you must include a resume or summary of qualifications for all proposed grant staff:

Chart A—CB/CR Program Staffing  
Chart B—CB/CR Applicant/  
Administrator Track Record

#### Chart C—Summary CB/CR Budget Line Items

##### (13) Budget and Cost Information.

You must provide a summary of your proposed work plan to carry out your proposed grant activities. The work plan must include tasks/activities, budgeted amounts, and start and end dates for all activities during the grant period.

#### Chart D—Budget Workplan Summary

##### (D) Application Submission

*Requirements for Resident Service Delivery Models.* All applications for funding under this funding category must contain the following documents and information (Please note that items 1–10 are threshold requirements for a threshold review will be used to determine scoring of rating and ranking factors for this category):

(1) Your application must contain a written certification that at least 51 percent of the public housing residents to be included in the proposed program are currently eligible to receive, are currently receiving, or have received within the preceding four years, assistance or services funded under the TANF, SSI, or food stamp programs.

(2) Elderly and/or Persons with Disabilities Housing Development Certification. A certification that at least 25% of the residents of the development(s) proposed for grant activities are elderly and/or non-elderly people with disabilities at the time of application.

(3) Accessible Community Facility. You must provide evidence (e.g., through an executed use agreement if the facility is to be provided by an entity other than the PHA or tribe/TDHE) that a majority of the proposed activities will be administered at community facilities within easy transportation access (i.e., walking or by direct (no transfers required), convenient, inexpensive and reliable transportation of the property represented by the PHA or tribe/TDHE. The written agreement must certify that the community facilities meet the structural accessibility requirements of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990.

(4) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25% of the grant amount. See Section VI(A)(5) of this program section of the SuperNOFA.

(5) Physical Improvements. You must submit a description of the renovation or conversion to be conducted along with a budget and timetable for those activities. You must demonstrate a firm commitment of assistance from one or more sources ensuring that supportive

services will be provided for not less than 2 years following the completion of renovation, conversion, or repair activities funded under this ROSS competition.

(6) Except for PHA's or tribes/TDHEs, you must provide either a signed certification from HUD or an Independent Public Accountant that your financial management system and procurement procedures fully comply with 24 CFR part 84 or 85, or your application must contain a signed Contract Administrator Partnership Agreement that you will use the services of a Contract Administrator in administering your grant. Applicants that are troubled PHAs are required to provide evidence that a Contract Administrator has been retained for the term of the grant. In cases where the Contract Administrator is the PHA the Contract Administration responsibilities can be incorporated into the MOU discussed below.

(7) Applicant Non-Profit Status. Except for PHAs or tribes/TDHEs, you must provide evidence that the applicant is registered with the State as a nonprofit corporation or has 501(c) status with the United States Internal Revenue Service at the time of application submission. Evidence of State registration shall be a copy of the certificate of incorporation or certificate of good standing from the State Government (i.e. Secretary of State or Secretary of Corporations). Evidence of 501(c) status shall be a copy of the IRS 501(c) designation.

(8) Certification of Resident Council Board Elections;

(9) List of RAs or ROs Receiving Support. In RSDM applications you must list in your application the name of the RAs or ROs that will receive training, technical assistance and/or coordinated supportive services and must submit letters of support from each entity identified in your application.

(10) Responses to Factors of Award may be narrative statements or descriptions and the forms indicated below:

Factor 1—Capacity of the Applicant and Relevant Organizational Experience;

Chart A—Program Staffing

Chart B—Applicant/Administrator Track Record

Factor 2—Need/Extent of the Problem;

Chart C—Summary Budget line Items

Chart D—Budget Workplan Summary

Factor 3—Soundness of Approach;

Factor 4—Leveraging Resources; and

Factor 5—Comprehensiveness and Coordination.

Certification of Consistency with the Consolidated Plan

**Bonus Points**

Certification of Consistency with the  
EZ/EC Strategic Plan  
Certification of an Apprenticeship  
Program

(E) *Application Submission Requirements for Service Coordinators for the Elderly and Persons with Disabilities.* All applications for funding under this funding category must contain the following documents and information (Please note that items 1–4 are threshold requirements for a threshold review to be used to determine renewal funding for this category):

(1) Elderly Housing Development Certification. A certification that at least 25% of the residents of the development(s) proposed for grant activities are elderly and/or non-elderly people with disabilities at the time of application.;

(2) Accessible Community Facility. The application must provide evidence (e.g., through an executed use agreement or MOU if the facility is to be provided by an entity other than the PHA. The majority of the proposed activities will be administered at community facilities within easy transportation access, i.e., walking or by direct (no transfers required), convenient, inexpensive and reliable transportation, to the property represented by the PHA. Your executed

use agreement or MOU must specifically state that the community facilities meet the structural accessibility requirements of section 504 of the Rehabilitation Act of 1973 and the Americans With Disabilities Act of 1990.

(3) Your application must contain letter(s) of support indicating supplemental grant funds of not less than 25% of the grant amount. See Section VI(A)(5) of this program section of the SuperNOFA.

(4) SC Request Letter Format; The following are application submission requirements. Only threshold requirements, and not application submission requirements, will be used for determining eligibility for renewal funding.

(5) Evidence of comparable salaries in local area;

(6) Lead Agency letter format (if appropriate);

#### **VII. Corrections to Deficient Applications**

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

#### **VIII. Environmental Requirements**

It is anticipated that most activities under this ROSS funding will be categorically excluded under 24 CFR 58.34(a)(3) or (a)(9), 58.35(b)(2) or (b)

(4), 50.19(b)(3), (b)(9), (b)(12), or (b)(14). An applicant proposing any acquisition, including long-term leasing, disposition, or physical development activities is prohibited from rehabilitating, converting, leasing, repairing or constructing property, or committing or expending HUD or non-HUD funds for these types of program activities, until one of the following has occurred:

(1) If the grantee is not a PHA or tribes/TDHEs, HUD has completed an environmental review to the extent required by 24 CFR part 50, prior to grant award.

(2) If the grantee is a PHA or tribe/TDHE, HUD has approved the grantee's Request for Release of Funds (HUD Form 7015.15) following a Responsible Entity's completion of an environmental review under 24 CFR part 58, where required, or if HUD has determined in accordance with § 58.11 to perform the environmental review itself under part 50, HUD has completed the environmental review.

#### **IX. Authority**

Section 34 of the U.S. Housing Act of 1937 and 24 CFR 964.

#### **Appendix A**

The non-standard forms, which follow, are required for the ROSS application.

**BILLING CODE 4210-32-P**

**RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY  
PROGRAM****APPLICATION FOR FY 2001 FUNDING  
COVER SHEET****Funding Category (Check only ONE):**

- ☐ Resident Management and Business Development
- ☐ Capacity Building
- ☐ Conflict Resolution
- ☐ Resident Service Delivery Models – Family
- ☐ Resident Service Delivery Models –Elderly/Disabled
- ☐ Service Coordinators

**Submitted  
By:**

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*(Applicant Name)***Contact  
Person:****Telephone: (     )** 

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**Delivered To:**

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*(HUD Field Office)***Date:****PLEASE USE THIS PAGE AS COVER PAGE**

**ROSS FY 2001 FUNDING*****FACT SHEET*****Applicant Information**

Applicant: \_\_\_\_\_

Applicant Type: \_\_\_PHA \_\_\_RA \_\_\_IRO \_\_\_NONPROFIT \_\_\_TRIBE/TDHE

HUD Region: \_\_\_\_\_ State: \_\_\_\_\_ HUD Field Office: \_\_\_\_\_

**Contact**

Name/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_

**Assistance for which the applicant is applying:**

- \_\_\_\_\_ Resident Management and Business Development
- \_\_\_\_\_ Capacity Building
- \_\_\_\_\_ Conflict Resolution
- \_\_\_\_\_ Resident Service Delivery Models - Family
- \_\_\_\_\_ Resident Service Delivery Models - Elderly/Disabled
- \_\_\_\_\_ Service Coordinator Renewal

**Unit Count**\_\_\_\_\_ Total number of conventional public housing units under management\*\*  
(excluding any Section 8)

\_\_\_\_\_ Total number of family-occupied conventional public housing units.

\_\_\_\_\_ Total number of elderly/disabled-occupied conventional public housing units.

**\*\*Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

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**ROSS FY 2001 FUNDING*****FACT SHEET (continued)*****SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)**

| Name of Board Member | Title | Appointment | Term Date |
|----------------------|-------|-------------|-----------|
| _____                | _____ | _____       | _____     |
| _____                | _____ | _____       | _____     |
| _____                | _____ | _____       | _____     |
| _____                | _____ | _____       | _____     |
| _____                | _____ | _____       | _____     |
| _____                | _____ | _____       | _____     |

Date of Last Board Election: \_\_\_\_\_

Does the organization have block captains? Yes\_\_\_\_ No\_\_\_\_

Does the organization have an operating committee? Yes\_\_\_\_ No\_\_\_\_

**For any previous ROSS grants you have received, you must note the Fiscal Year, ROSS Category (RSDM, RMBD, etc.), and Award Amount.**

|       |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

**ROSS FY 2001 FUNDING*****FACT SHEET (continued)***

**Name(s) of public housing development(s) targeted for ROSS Activities (Use additional pages if necessary.)**

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

By: \_\_\_\_\_  
*Applicant Executive Director or Other Authorized Representative*

For: \_\_\_\_\_  
*Applicant Name*

OMB Approval No. 2577-0221

## ROSS FY 2001 FUNDING

### PROGRAM SUMMARY

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant type: ☐ PHA ☐ RA ☐ IRO ☐ NONPROFIT ☐ TRIBE/TDHE

Funding Category: \_\_\_\_\_

This narrative will be used for congressional notification and will serve as the official program summary.

A. Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.



**ROSS FY 2001 FUNDING****PROGRAM SUMMARY (continued)**

**B.** Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

| Partner's Name | In-Kind/Cash Contribution | # Persons Served |
|----------------|---------------------------|------------------|
|----------------|---------------------------|------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Partner's Address

\_\_\_\_\_

| Partner's Name | In-Kind/Cash Contribution | # Persons Served |
|----------------|---------------------------|------------------|
|----------------|---------------------------|------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Partner's Address

\_\_\_\_\_

| Partner's Name | In-Kind/Cash Contribution | # Persons Served |
|----------------|---------------------------|------------------|
|----------------|---------------------------|------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Partner's Address

\_\_\_\_\_

| Partner's Name | In-Kind/Cash Contribution | # Persons Served |
|----------------|---------------------------|------------------|
|----------------|---------------------------|------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Partner's Address

\_\_\_\_\_

TOTAL

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

## ROSS FY 2001 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

### APPLICATION CHECKLIST

I CERTIFY that the following application checklist is complete and that it accurately reflects the contents of my application.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

By: \_\_\_\_\_  
Applicant Chief Executive Officer or Other Authorized Representative

For Applicant: \_\_\_\_\_

| SUBMISSION | APPLICANT<br>USE ONLY | HUD USE<br>ONLY |
|------------|-----------------------|-----------------|
|            |                       |                 |

#### COVER MATERIALS (See Part II of this application kit for forms in this tab.)

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Table of Contents   | _____ | _____ |
| <input type="checkbox"/> Application Checklist   | _____ | _____ |
| <input type="checkbox"/> Application for Federal Assistance<br>(Form SF-424)                               | _____ | _____ |
| <input type="checkbox"/> Federal Assistance Funding Matrix<br>(Form HUD-424M)                              | _____ | _____ |
| <input type="checkbox"/> Standard Form for Budget Information—<br>Non-Construction Programs (Form SF-424A) | _____ | _____ |
| <input type="checkbox"/> Assurances—Non-Construction Programs<br>(Form SF-424B)                            | _____ | _____ |
| <input type="checkbox"/> ROSS Fact Sheet   | _____ | _____ |
| <input type="checkbox"/> ROSS Program Summary  | _____ | _____ |

#### TAB 1: Threshold Requirements

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Threshold Checklist   | _____ | _____ |
| <input type="checkbox"/> RMBD Certification on Residents Affected by<br>Welfare Reform | _____ | _____ |

## ROSS FY 2001 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

### APPLICATION CHECK LIST (Continued)

| SUBMISSION | APPLICANT<br>USE ONLY | HUD USE<br>ONLY |
|------------|-----------------------|-----------------|
|------------|-----------------------|-----------------|

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Memorandum of Understanding (MOU)<br>for Partnership between Applicant and PHA/tribe/TDHE  | _____ | _____ |
| <input type="checkbox"/> Accessible Community Facility - Executed<br>Use Agreement  | _____ | _____ |
| <input type="checkbox"/> Match Agreements – Not less than<br>25% of grant requested   | _____ | _____ |
| <input type="checkbox"/> Certification of Compliance with 24 CFR Part 84 _____<br>or Contract Administrator Signed Statement (not tribes/TDHEs)   | _____ | _____ |
| <input type="checkbox"/> Proof of Applicant Nonprofit Status – Copy of _____<br>Certification of Incorporation or Good Standing<br>from the State or Copy of IRS 501 (c) designation (not tribes/TDHEs)   | _____ | _____ |
| <input type="checkbox"/> Certification of Resident Council Board Election _____   | _____ | _____ |
| <input checked="" type="checkbox"/> List of RAs To Receive Support and Letters of _____<br>Support from RAs   | _____ | _____ |
| <input type="checkbox"/> Physical Improvements (Only for applicants<br>proposing physical improvements)<br>--A description of the renovation or conversion to be conducted, along with a budget<br>and timetable for those activities.<br>--A firm commitment of assistance from one or more sources ensuring that<br>supportive services will be provided for not less than 2 years following the completion<br>of renovation, conversion, or repair activities funded under this competition. | _____ | _____ |
| <input type="checkbox"/> Certification of Consistency and Compliance _____<br>with General SuperNOFA Threshold Requirements   | _____ | _____ |

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## ROSS FY 2001 FUNDING RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT

### APPLICATION CHECK LIST (Continued)

| SUBMISSION | APPLICANT<br>USE ONLY | HUD USE<br>ONLY |
|------------|-----------------------|-----------------|
|------------|-----------------------|-----------------|

#### TAB 2: Program Description and Budget

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Program Activities Description—Narrative               | _____ | _____ |
| <input type="checkbox"/> Your Resident Organization and it's History—Narrative  | _____ | _____ |
| <input type="checkbox"/> Chart A: RMBD Program Staffing                         | _____ | _____ |
| <input type="checkbox"/> Resumes or summary of proposed staff's qualifications  | _____ | _____ |
| <input type="checkbox"/> Chart B: RMBD Applicant/Administrator Track Record     | _____ | _____ |
| <input type="checkbox"/> Chart C: RMBD Summary Budget Line Items                | _____ | _____ |
| <input type="checkbox"/> Summary of Proposed Work Plan                          | _____ | _____ |
| <input type="checkbox"/> Chart D: RMBD Budget Work Plan Summary, Parts I and II | _____ | _____ |

#### TAB 3: Other Certifications and Assurances

(See Part VII of this Application Kit for all forms in this tab.)

- |   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Certification for a Drug-Free Workplace (Form HUD-50070)   | _____ | _____ |
| <input type="checkbox"/> Certification of Payments to Influence Federal Transactions (Form HUD-50071), and if applicable, Disclosure of Lobbying Activities (Form SF- LLL) and Disclosure of Lobbying Activities Continuation Sheet (Form SF-LLL-A) | _____ | _____ |
| <input type="checkbox"/> Applicant/Recipient Disclosure/Update Report (Form HUD-2880)   | _____ | _____ |
| <input type="checkbox"/> Certification Regarding Debarment and Suspension (Form HUD-2992)   | _____ | _____ |
| <input type="checkbox"/> Acknowledgment of Application Receipt (Form HUD-2993)  | _____ | _____ |

HUD-2001-ROSS (01/01)

**ROSS FY 2001 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

***THRESHOLD CHECKLIST***

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

You must address the following threshold requirements for your application to be complete and acceptable for rating and ranking. You can verify that information is included in your application kit by using a check mark in the space provided. Please note that HUD will also verify that information is included appropriately. (See NOFA, Section VI (A) & (B) (1-9) and SuperNOFA, General Section II.) *Note: Items marked with an \* do not apply to tribes/TDHEs.*

| THRESHOLD REQUIREMENT  | APPLICANT<br>USE ONLY | HUD USE<br>ONLY |
|--|-----------------------|-----------------|
| 1. Certification on Residents Affected by Welfare Reform   | _____                 | _____           |
| 2. Memorandum of Understanding (MOU) for Partnership between Applicant and PHA/tribe/TDHE  | _____                 | _____           |
| 3. Accessible Community Facility - Executed Use Agreement or MOU   | _____                 | _____           |
| 4. Match Agreements  | _____                 | _____           |
| 5. *Certification of Compliance with 24 CFR Part 84 or Contract Administrator Signed Statement   | _____                 | _____           |
| 6. *Proof of Applicant Nonprofit Status (State or IRS)   | _____                 | _____           |
| 7. Certification of Resident Council Board Election  | _____                 | _____           |
| 8. List of RAs to Receive Support and Letters of Support From RAs (CWRO applicants only)   | _____                 | _____           |
| 9. Physical Improvements--Description, Budget, Timetable, and Firm Commitments for Service Provision (Only for applicants proposing physical improvements) | _____                 | _____           |
| 10. Certification of Consistency and Compliance with General SuperNOFA Threshold Requirements  | _____                 | _____           |

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**ROSS FY 2001 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**THRESHOLD REQUIREMENTS**

1. Focus on Residents Affected by Welfare Reform. Your RMBD application must contain the following written certification that at least 51% of residents to be included in your proposed program are affected by welfare reform.

**RMBD CERTIFICATION ON RESIDENTS AFFECTED  
BY WELFARE REFORM**

I certify that a total of \_\_\_\_\_ people reside in the housing developments listed below, which are targeted for activities during the proposed RMBD grant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This proposed RMBD grant will serve a total of \_\_\_\_\_ residents. Included in the recipients to be served are residents affected by welfare reform who are:

(1) Currently eligible to receive, are currently receiving, or shall have received within the preceding 4 years assistance or services funded under Temporary Assistance for Needy Families (TANF), SSI, or Food Stamps.

(2) Elderly or disabled, otherwise not affected by welfare reform, who will provide services such as child care or mentoring to families affected by welfare reform.

I certify that \_\_\_\_\_% of the residents to served are affected by welfare reform, as defined above. **At least 51% of residents must be affected by welfare reform for your application to meet the threshold requirement of this NOFA.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

By: \_\_\_\_\_  
*President of Resident Organization or other Authorized Representative*

For: \_\_\_\_\_  
*Applicant Name*

HUD-2001-ROSS (01/01)

**ROSS FY 2001 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

6. Proof of Applicant Nonprofit Status. You must submit evidence that your organization is registered with the State as a nonprofit corporation at the time of application submission or 501 (c) status with the United States Internal Revenue Service. Evidence of State incorporation/registration for all applicants shall be a copy of the Certificate of Incorporation or Certificate of Good Standing from the State government (Secretary of State or Secretary of Corporations). Evidence of 501(c) status shall be a copy of the IRS 501(c) designation.
7. Certification of Resident Council Board Election. You must submit certification of the Resident Organization board election as required by HUD, signed by the local PHA and/or an independent third-party monitor and notarized.

**CERTIFICATION OF RESIDENT COUNCIL BOARD ELECTION**

I CERTIFY that \_\_\_\_\_  
(name of organization)

located in \_\_\_\_\_ has duly elected  
(city & state)

all of the Resident Council Officers as required by the U.S. Department of Housing and Urban Development, 24 Code of Federal Regulations, Part 964.

Date of Last Resident Council Board Election: \_\_\_\_\_

\_\_\_\_\_  
(Name and Title of Certifying Housing Agency Official)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name and Title of Independent Third-Party Monitor)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
NOTARY (Signature & Date)



## **FY 2001 Resident Management and Business Development**

**Applicant:**

### List of Resident Associations Participating with the City-Wide Resident Organization

[illegible]

HUD-2001-ROSS (01/01)

**ROSS FY 2001 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

**Certification of Consistency and Compliance with General  
SuperNOFA Threshold Requirements**

I CERTIFY that the proposed RMBD activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
2. **Affirmatively Furthering Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in the RMBD application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
4. **Nondiscrimination.** The *Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, section 504 of the *Rehabilitation Act of 1973*, the *Age Discrimination Act of 1975*, and section 109 of the *Housing and Community Development Act of 1974*.
5. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

By: \_\_\_\_\_  
*President of Resident Organization or Other Authorized Representative*

For: \_\_\_\_\_  
*Applicant*

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**ROSS FY 2001 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**

### Chart A: RMBD Program Staffing

**Applicant Name:**

**I. Applicant (RA or CWRO)**

| I. Applicant (RA or CWRO) |                           |                       |                          |               |
|---------------------------|---------------------------|-----------------------|--------------------------|---------------|
| Name of Staff Person      | Organization and Position | Role in Grant Program | Percent of Time on Grant | Cost to Grant |
|                           |                           |                       |                          |               |
|                           |                           |                       |                          |               |
|                           |                           |                       |                          |               |

### III. CONTRACT ADMINISTRATOR

| Contract Administrator to be Solicited                   | Role in Grant Program | Estimated Cost to Grant Program |
|--|-----------------------|---------------------------------|
| III. CONSULTANT(S)/TRAINERS/SVC. PROVIDERS/OTHER EXPERTS |                       |                                 |
| Consultants/Trainers to be Solicited                     | Role in Grant Program | Estimated Cost to Grant Program |
|  |                       |                                 |
|  |                       |                                 |

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**Chart B: RMBD Applicant/Administrator Track Record**  
**Applicant:**

| Program | Project No. | % of Term Complete | % of Funds Drawn Down | Major Goal #1 | % Complete | Major Goal #2 | % Complete |
|---------|-------------|--------------------|-----------------------|---------------|------------|---------------|------------|
|         |             |                    |                       |               |            |               |            |
|         |             |                    |                       |               |            |               |            |
|         |             |                    |                       |               |            |               |            |
|         |             |                    |                       |               |            |               |            |
|         |             |                    |                       |               |            |               |            |
|         |             |                    |                       |               |            |               |            |
|         |             |                    |                       |               |            |               |            |
|         |             |                    |                       |               |            |               |            |

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**ROSS FY 2001 FUNDING  
RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT****CHART C  
RMBD BUDGET LINE ITEM SUMMARY**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the following as appropriate for your proposed program.

**Resident Management and Business Development**

- |            |  |
|------------|--|
| _____ 1010 | <b>Physical Improvements</b>                           |
| _____ 1020 | <b>Resident Business Development</b>                   |
| _____ 1021 | Develop Business Plan                                  |
| _____ 1022 | Conduct Market Analysis                                |
| _____ 1023 | Licensing, Insurance Bonding                           |
| _____ 1024 | Training Related to Resident Owned Business            |
| _____ 1025 | Establishment of Resident Managed Business Development |
| _____ 1026 | Technical Assistance                                   |
| _____ 1030 | <b>Resident Organization Development Activities</b>    |
| _____ 1031 | Organize Community                                     |
| _____ 1032 | Operating Procedures                                   |
| _____ 1033 | Develop MOU  |
| _____ 1034 | Develop Plan for Technical Assistance                  |
| _____ 1035 | Consultant Contracts                                   |
| _____ 1036 | Self Sufficiency Programs                              |
| _____ 1040 | <b>Resident Management</b>                             |
| _____ 1041 | Conduct Feasibility Study                              |
| _____ 1042 | Secure Training/Skills/Expertise                       |
| _____ 1043 | Develop MOU  |
| _____ 1044 | Secure T/A to Draft Contract                           |
| _____ 1045 | Negotiate Contract with PHA                            |
| _____ 1046 | Conduct Resident Training/Preparation                  |
| _____ 1050 | <b>Self Sufficiency Program</b>                        |
| _____ 1051 | Employment and Job Readiness                           |
| _____ 1052 | Job Training   |
| _____ 1053 | Management Related Employment Training                 |
| _____ 1054 | Vocational Training                                    |
| _____ 1055 | Technical Assistance                                   |
| _____ 1060 | <b>Supportive Services</b>                             |
| _____ 9100 | <b>Travel Costs</b>                                    |
| _____ 9200 | <b>Other Resident Costs (Stipends, Reimbursements)</b> |
| _____ 9300 | <b>Contract Administrator</b>                          |
| _____ 9400 | <b>Administrative and Other Costs</b>                  |

HUD-2001-ROSS (01/01)

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**CHART D: RSDM Budget Work Plan Summary – Part I****Applicant Name:**

| BUDGET LINE ITEM<br>For each bolded line item, enter total grant funds | ACTIVITIES<br>(Identify lead agency: housing authority, contractor, subgrantee, etc) | RSDM GRANT FUNDS | NON-RSDM/ PARTNER FUNDS | ACTIVITY START/END DATE |
|--|--|------------------|-------------------------|-------------------------|
| <b>2010 Physical Improvements</b><br>TOTAL: \$                         |  |                  |                         |                         |
| <b>2020 Entrepreneur Bus. Dev.</b><br>TOTAL: \$                        |  |                  |                         |                         |
| 2021<br>Establish a Revolving Loan Fund                                |  |                  |                         |                         |
| 2022<br>Develop a Credit Union   |  |                  |                         |                         |
|  |  |                  |                         |                         |
| <b>2030 Business Development</b><br>TOTAL: \$                          |  |                  |                         |                         |
| 2031<br>Develop Business Plan  |  |                  |                         |                         |
| 2032<br>Conduct Market Analysis  |  |                  |                         |                         |
|  |  |                  |                         |                         |
| 2033<br>Secure Licensing, Insurance, Bonding                           |  |                  |                         |                         |

HUD-2001-ROSS (01/01)

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**CHART D: RSDM Budget Work Plan Summary – Part I (continued)**

| BUDGET LINE ITEM<br>For each bolded line item, enter total grant funds       | ACTIVITIES<br>(Identify lead agency: Housing Authority, Contractor, Subgrantee, or other partners) | RSDM GRANT FUNDS | NON-RSDM/<br>PARTNER FUNDS | ACTIVITY<br>START/END<br>DATE |
|--|--|------------------|----------------------------|-------------------------------|
| <b>2034</b><br>Training Related to Resident Owned Business                   |  |                  |                            |                               |
| <b>2035</b><br>Establishment of Resident Managed Business Development        |  |                  |                            |                               |
|  |  |                  |                            |                               |
| <b>2040 Resident Organization Development Activities</b><br><b>TOTAL: \$</b> |  |                  |                            |                               |
| <b>2041</b><br>Organize Community  |  |                  |                            |                               |
| <b>2042</b><br>Operating Procedures  |  |                  |                            |                               |
| <b>2043</b><br>Develop MOU   |  |                  |                            |                               |
| <b>2044</b><br>Develop Plan for Technical Assistance                         |  |                  |                            |                               |

HUD-2001-ROSS (01/01)



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**CHART D: RSDM Budget Work Plan Summary – Part I (continued)**

| BUDGET LINE ITEM<br>For each bolded line item, enter total<br>grant funds | ACTIVITIES<br>(Identify lead agency: housing authority, contractor, subgrantee, etc) | RSDM GRANT<br>FUNDS | NON-RSDM/<br>PARTNER<br>FUNDS | ACTIVITY<br>START/END<br>DATE |
|---|--|---------------------|-------------------------------|-------------------------------|
| <b>2045</b><br>Consultant Contracts                                       |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
| <b>2046</b><br>Self Sufficiency<br>Programs                               |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
| <b>2050 Resident Management<br/>TOTAL: \$</b>                             |  |                     |                               |                               |
| <b>2051</b><br>Conduct Feasibility Study                                  |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
| <b>2052</b><br>Secure Training/Skills/<br>Expertise                       |  |                     |                               |                               |
|   |  |                     |                               |                               |
| <b>2053</b><br>Develop MOU  |  |                     |                               |                               |
|   |  |                     |                               |                               |
| <b>2054</b><br>Consultant   |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |

HUD-2001-ROSS (01/01)

**CHART D: RSDM Budget Work Plan Summary – Part I (continued)**

| BUDGET LINE ITEM<br>For each bolded line item, enter total grant funds | ACTIVITIES<br>(Identify lead agency: housing authority, contractor, subgrantee, etc) | RSDM GRANT FUNDS | NON-RSDM/<br>PARTNER FUNDS | ACTIVITY<br>START/END<br>DATE |
|--|--|------------------|----------------------------|-------------------------------|
| 2055<br>Secure T/A to Draft Contract                                   |  |                  |                            |                               |
|  |  |                  |                            |                               |
|  |  |                  |                            |                               |
|  |  |                  |                            |                               |
| 2056<br>Negotiate Contract with PHA                                    |  |                  |                            |                               |
|  |  |                  |                            |                               |
|  |  |                  |                            |                               |
| 2057<br>Conduct Resident Training Preparation                          |  |                  |                            |                               |
|  |  |                  |                            |                               |
|  |  |                  |                            |                               |
| 2060 Self Sufficiency Program<br>TOTAL: \$                             |  |                  |                            |                               |
| 2061<br>Program Coordinator  |  |                  |                            |                               |
|  |  |                  |                            |                               |
|  |  |                  |                            |                               |
| 2062<br>Physical Improvements  |  |                  |                            |                               |
|  |  |                  |                            |                               |
|  |  |                  |                            |                               |
| 2063<br>Employment and Job Readiness                                   |  |                  |                            |                               |
|  |  |                  |                            |                               |
|  |  |                  |                            |                               |

HUD-2001-ROSS (01/01)

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CHART D: RSDM Budget Work Plan Summary -- Part I (continued)

| BUDGET LINE ITEM<br>For each bolded line item, enter total<br>grant funds   | ACTIVITIES<br>(Identify lead agency: housing authority, contractor, subgrantee, etc) | RSDM GRANT<br>FUNDS | NON-RSDM/<br>PARTNER<br>FUNDS | ACTIVITY<br>START/END<br>DATE |
|---|--|---------------------|-------------------------------|-------------------------------|
| <b>2064</b><br>Job Training   |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
| <b>2065</b><br>Management Related<br>Employment Training                    |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
| <b>2066</b><br>Vocational Training  |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
| <b>2067</b><br>Technical Assistance   |  |                     |                               |                               |
|   |  |                     |                               |                               |
|   |  |                     |                               |                               |
| <b>2070 Family Supportive Svcs</b><br>TOTAL: \$                             |  |                     |                               |                               |
| <b>2005 Program Coordinator</b><br>TOTAL: \$                                |  |                     |                               |                               |
| <b>2870 Elderly Supportive Svcs</b><br>TOTAL: \$                            |  |                     |                               |                               |
| <b>9100 Travel Costs</b><br>TOTAL: \$                                       |  |                     |                               |                               |
| <b>9200 Other Resident Costs</b><br>(Stipends, Reimbursements)<br>TOTAL: \$ |  |                     |                               |                               |

HUD-2001-ROSS (01/01)

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**CHART D: RSDM Budget Work Plan Summary -- Part I (continued)**

| BUDGET LINE ITEM<br>For each bolded line item, enter total grant funds | ACTIVITIES<br>(Identify lead agency: housing authority, contractor, subgrantee, etc) | RSDM GRANT FUNDS | NON-RSDM/ PARTNER FUNDS | ACTIVITY START/END DATE |
|--|--|------------------|-------------------------|-------------------------|
| <b>9300 Contract Administrator</b>                                     |  |                  |                         |                         |
| <b>TOTAL: \$</b>   |  |                  |                         |                         |
| <b>9400 Admin. &amp; Other Costs</b>                                   |  |                  |                         |                         |
| <b>TOTAL: \$</b>   |  |                  |                         |                         |

**Chart D: RSDM Budget Work Plan Summary - Part II**

Please insert below the totals for each Summary Budget Line Item to be included in your grant. These totals can be found in the far left column on Part I of the chart above.

| SUMMARY BUDGET LINE ITEMS                                  | RSDM GRANT TOTAL |
|--|------------------|
| 2005 Program Coordinator                                   | \$               |
| 2010 Physical Improvements                                 | \$               |
| 2020 Entrepreneur Business Development                     | \$               |
| 2030 Business Development                                  | \$               |
| 2040 Resident Organization Development Activities          | \$               |
| 2050 Resident Management                                   | \$               |
| 2060 Self Sufficiency Programs                             | \$               |
| 2070 Family Supportive Services                            | \$               |
| 2870 Elderly Supportive Services                           | \$               |
| 9100 Travel Costs  | \$               |
| 9200 Other Resident Costs (Stipends, Reimbursements, etc.) | \$               |
| 1060 Supportive Services                                   | \$               |
| 9100 Travel Costs  | \$               |
| 9300 Contract Administrator                                | \$               |
| 9400 Administrative and Other Costs                        | \$               |
| <b>TOTAL of all RSDM Funds Requested</b>                   | <b>\$</b>        |

HUD-2001-ROSS (01/01)

**RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY  
PROGRAM**

**APPLICATION FOR FY 2001 FUNDING  
COVER SHEET**

**Funding Category (Check only ONE):**

- ☐ Resident Management and Business Development
- ☐ Capacity Building
- ☐ Conflict Resolution
- ☐ Resident Service Delivery Models – Family
- ☐ Resident Service Delivery Models –Elderly/Disabled
- ☐ Service Coordinators

**Submitted  
By:**

\_\_\_\_\_  
(Applicant Name)

**Contact  
Person:**

**Telephone: (     )** \_\_\_\_\_

**Delivered To:** \_\_\_\_\_  
(HUD Field Office)

**Date:** \_\_\_\_\_

**PLEASE USE THIS PAGE AS COVER PAGE**

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**ROSS FY 2001 FUNDING****FACT SHEET****Applicant Information**

Applicant: \_\_\_\_\_

Applicant Type: ☐ PHA ☐ RA ☐ IRO ☐ NONPROFIT ☐ TRIBE/TDHE

HUD Region: \_\_\_\_\_ State: \_\_\_\_\_ HUD Field Office: \_\_\_\_\_

**Contact**

Name/Title \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. (    ) \_\_\_\_\_

Fax No. (    ) \_\_\_\_\_

**Assistance for which the applicant is applying:**

- ☐ Resident Management and Business Development
- ☐ Capacity Building
- ☐ Conflict Resolution
- ☐ Resident Service Delivery Models - Family
- ☐ Resident Service Delivery Models - Elderly/Disabled
- ☐ Service Coordinator Renewal

**Unit Count**☐ Total number of conventional public housing units under management\*\*  
(excluding any Section 8)☐ Total number of family-occupied conventional public housing units.☐ Total number of elderly/disabled-occupied conventional public housing units.

**\*\*Tribal or TDHE applicants should use the unit count described in the NOFA Section II (F).**

**ROSS FY 2001 FUNDING*****FACT SHEET (continued)*****SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION (Does not apply to SC applicants)**

| Name of Board Member | Title | Appointment | Term Date |
|----------------------|-------|-------------|-----------|
|                      |       |             |           |
|                      |       |             |           |
|                      |       |             |           |
|                      |       |             |           |
|                      |       |             |           |
|                      |       |             |           |

Date of Last Board Election: \_\_\_\_\_

Does the organization have block captains? Yes\_\_\_\_ No\_\_\_\_

Does the organization have an operating committee? Yes\_\_\_\_ No\_\_\_\_

For any previous ROSS grants you have received, you must note the Fiscal Year, ROSS Category (RSDM, RMBD, etc.), and Award Amount.

|  |
|--|
|  |
|  |
|  |
|  |



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**ROSS FY 2001 FUNDING**

***FACT SHEET (continued)***

**Name(s) of public housing development(s) targeted for ROSS Activities (Use additional pages if necessary.)**

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

By: \_\_\_\_\_  
*Applicant Executive Director or Other Authorized Representative*

For: \_\_\_\_\_  
*Applicant Name*

**ROSS FY 2001 FUNDING****PROGRAM SUMMARY**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant type: \_\_\_PHA \_\_\_RA \_\_\_IRO \_\_\_NONPROFIT \_\_\_TRIBE/TDHE

Funding Category: \_\_\_\_\_

This narrative will be used for congressional notification and will serve as the official program summary.

A. Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

**ROSS FY 2001 FUNDING****PROGRAM SUMMARY (continued)**

B. Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

| Partner's Name | In-Kind/Cash Contribution | # Persons Served |
|----------------|---------------------------|------------------|
|----------------|---------------------------|------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Partner's Address

\_\_\_\_\_

| Partner's Name | In-Kind/Cash Contribution | # Persons Served |
|----------------|---------------------------|------------------|
|----------------|---------------------------|------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Partner's Address

\_\_\_\_\_

| Partner's Name | In-Kind/Cash Contribution | # Persons Served |
|----------------|---------------------------|------------------|
|----------------|---------------------------|------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Partner's Address

\_\_\_\_\_

| Partner's Name | In-Kind/Cash Contribution | # Persons Served |
|----------------|---------------------------|------------------|
|----------------|---------------------------|------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Partner's Address

\_\_\_\_\_

TOTAL

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

**ROSS FY 2001 FUNDING****CAPACITY BUILDING AND/OR CONFLICT RESOLUTION****APPLICATION CHECKLIST**

I CERTIFY that the following application checklist is complete and that it accurately reflects the contents of my application.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

By: \_\_\_\_\_  
Applicant Chief Executive Officer or Other Authorized Representative

For Applicant: \_\_\_\_\_

| SUBMISSION | APPLICANT<br>USE ONLY | HUD USE<br>ONLY |
|------------|-----------------------|-----------------|
|------------|-----------------------|-----------------|

**Cover Materials**

(See Part II of this application kit for forms in this tab.)

|   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Table of Contents  | _____ | _____ |
| <input type="checkbox"/> Application Checklist  | _____ | _____ |
| <input type="checkbox"/> Application Cover Sheet  | _____ | _____ |
| <input type="checkbox"/> Application for Federal Assistance<br>(Standard Form SF-424)             | _____ | _____ |
| <input type="checkbox"/> Federal Assistance Funding Matrix<br>(Form HUD-424M)                     | _____ | _____ |
| <input type="checkbox"/> Budget Information —Non-Construction<br>Programs (Standard Form SF-424A) | _____ | _____ |
| <input type="checkbox"/> Assurances—Non-Construction Programs<br>(Standard Form SF-424B)          | _____ | _____ |
| <input type="checkbox"/> ROSS Fact Sheet  | _____ | _____ |
| <input type="checkbox"/> ROSS Program Summary   | _____ | _____ |

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**CAPACITY BUILDING AND/OR CONFLICT RESOLUTION****APPLICATION CHECKLIST (continued)**

| SUBMISSION | APPLICANT<br>USE ONLY | HUD USE<br>ONLY |
|------------|-----------------------|-----------------|
|------------|-----------------------|-----------------|

**TAB 1: Threshold Requirements**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Threshold Checklist   | _____ | _____ |
| <input type="checkbox"/> Written Agreement With Mediator<br>(Conflict Resolution <u>only</u> )   | _____ | _____ |
| <input type="checkbox"/> Mediation Experience Certification <b>AND</b> one<br>referral agreement with a judicial, law<br>enforcement, or social service agency<br><b>OR</b> a narrative on direct experience with<br>public or assisted housing residents.<br>(Conflict Resolution <u>only</u> ) | _____ | _____ |
| <input type="checkbox"/> Proof of Applicant Nonprofit Status – Copy of<br>Certification of Incorporation or Good Standing<br>from the State <b>or</b> Copy of IRS 501(c) designation (not for tribes/TDHEs)  | _____ | _____ |
| <input type="checkbox"/> Match Agreements – Not less than 25% of<br>grant requested  | _____ | _____ |
| <input type="checkbox"/> List of RAs to Receive Support and Letters<br>of Support from RAs   | _____ | _____ |
| <input type="checkbox"/> Certificate of Compliance with either 24 CFR<br>Part 84 <b>or</b> Contract Administrator Signed Statement (not for tribes/TDHEs)  | _____ | _____ |
| <input type="checkbox"/> MOU between Applicant and PHA/tribe/TDHE  | _____ | _____ |
| <input type="checkbox"/> Accessible Community Facility – Description or<br>Executed Use Agreement (if facility provided is not a PHA)  | _____ | _____ |
| <input type="checkbox"/> Certification of Consistency and Compliance<br>with General SuperNOFA Threshold Requirements  | _____ | _____ |

**TAB 2: Program Description and Budget**

- |  |       |       |
|--|-------|-------|
| <input type="checkbox"/> Needs Assessment Report           | _____ | _____ |
| <input type="checkbox"/> Program Activities Description    | _____ | _____ |
| <input type="checkbox"/> Experience and Staffing—Narrative | _____ | _____ |
| <input type="checkbox"/> Chart A: CB/CR Program Staffing   | _____ | _____ |

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**CAPACITY BUILDING AND/OR CONFLICT RESOLUTION****APPLICATION CHECKLIST (continued)**

| SUBMISSION   | APPLICANT<br>USE ONLY | HUD USE<br>ONLY |
|--|-----------------------|-----------------|
| <input type="checkbox"/> Resumes or Summary of Proposed Staff's Qualifications | _____                 | _____           |
| <input type="checkbox"/> Chart B: Applicant Track Record                       | _____                 | _____           |
| <input type="checkbox"/> Work Plan Summary                                     | _____                 | _____           |
| <input type="checkbox"/> Chart C: Summary Budget Line Items                    | _____                 | _____           |
| <input type="checkbox"/> Chart D: Budget Workplan Summary, Parts I and II      | _____                 | _____           |

**TAB 3: Other Certifications and Assurances**  
**(See Part VII of this Application Kit for all forms in this tab.)**

|   |       |       |
|---|-------|-------|
| <input type="checkbox"/> Certification for a Drug-Free Workplace (Form HUD-50070)   | _____ | _____ |
| <input type="checkbox"/> Certification of Payments to Influence Federal Transactions (Form HUD-50071), and if applicable, Disclosure of Lobbying Activities (Form SF- LLL) and Disclosure of Lobbying Activities Continuation Sheet (Form SF-LLL-A) | _____ | _____ |
| <input type="checkbox"/> Applicant/Recipient Disclosure/Update Report (Form HUD-2880)   | _____ | _____ |
| <input type="checkbox"/> Certification Regarding Debarment and Suspension (Form HUD-2992)   | _____ | _____ |
| <input type="checkbox"/> Acknowledgement of Application Receipt (Form HUD-2993)   | _____ | _____ |

## ROSS FY 2001 FUNDING CAPACITY BUILDING AND/OR CONFLICT RESOLUTION

### THRESHOLD CHECKLIST

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You must address the following threshold requirements for your application to be complete and acceptable for rating and ranking. You can verify that information is included in your application kit by using a check mark in the space provided. Please note that HUD will also verify that information is included appropriately. (See ROSS NOFA, Section VI (A) & (C) and General SuperNOFA Section II). *Note: Items marked with an \* do not apply to tribes/TDHEs.*

| THRESHOLD REQUIREMENT  | APPLICANT<br>USE ONLY | HUD USE<br>ONLY |
|--|-----------------------|-----------------|
| 1. Written Agreement with Mediator (CR <u>only</u> )   | _____                 | _____           |
| 2. Mediation Experience Certification <b>AND</b><br>one referral agreement with a judicial,<br>Law enforcement, or social service agency<br><b>OR</b> a narrative on direct experience with<br>public or assisted housing residents.<br>(Conflict Resolution only) | _____                 | _____           |
| 3. *Proof of Applicant Nonprofit Status --<br>Copy of Certification of Incorporation or<br>Good Standing from the State or Copy<br>of IRS 501(c) designation   | _____                 | _____           |
| 4. Match Agreements—Not less than 25% of<br>grant requested  | _____                 | _____           |
| 5. List of RAs to Receive Support <b>and</b> Letters<br>of Support from RAs  | _____                 | _____           |
| 6. *Certificate of Compliance with either 24 CFR<br>Part 84 or Contract Administrator Signed Statement   | _____                 | _____           |
| 7. MOU between Applicant and PHA/tribe/TDHE  | _____                 | _____           |
| 8. Accessible Community Facility – Description or<br>Executed Use Agreement (if facility provided<br>is not a PHA)   | _____                 | _____           |
| 9. Certification of Consistency and Compliance with<br>General SuperNOFA Threshold Requirements  | _____                 | _____           |

**ROSS FY 2001 FUNDING**  
**CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**  
**CERTIFICATE OF MEDIATION EXPERIENCE**

All Conflict Resolution applicants must provide the following certification of their mediation/PHA partner's experience with providing mediation services and mediation training/grass roots intervention experience. All applicants must also attach **either** one referral agreement with a judicial, law enforcement, or social service agency such as the court system or Welfare Department for mediation referral of public housing residents, **or** a narrative description of direct experience with public or assisted housing residents.

The Applicant \_\_\_\_\_ certifies that:

\_\_\_\_\_ All mediator/PHA partners must have at least 1 year of experience in providing mediation services.

**AND**

\_\_\_\_\_ All mediator/PHA partners must have at least 1 year of experience in providing mediation training and/or effective grass roots intervention experience.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Agency Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Partner Agency Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Signature



Applicant: \_\_\_\_\_

[illegible]

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**ROSS FY 2001 FUNDING  
CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**

***Certification of Consistency and Compliance with General  
SuperNOFA Threshold Requirements***

I CERTIFY that the proposed CB or CR activities will be consistent with the following and comply with all statutes, regulations, and U.S. Department of Housing and Urban Development guidance related to the following:

1. **Economic Opportunities for Low and Very Low-Income Persons.** Section 3 of the *Housing and Urban Development Act of 1968*, 12 U.S.C. sec. 1791u, Economic Opportunities for Low and Very Low-Income Persons; HUD regulations at 24 CFR part 135, including but not limited to subpart E and G reporting requirements; and any Section 3 employment, housing opportunity, or other plan adopted by the Housing Agency.
2. **Affirmatively Furthering Fair Housing.** Affirmative duty to further fair housing, including elimination of impediments to fair housing; the local jurisdiction or regional Analysis of Impediments to Fair Housing Choice; and the affirmative duty to carry out activities proposed specifically in your application to address the furtherance of fair housing. *Section 109 of the Housing and Community Development Act of 1974.*
3. **Uniform Relocation.** *Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970*, as amended (URA) and implementing regulations at 49 CFR part 24.
4. **Nondiscrimination.** The *Americans with Disabilities Act*, Title IX of the *Education Amendments Act of 1972*, *Fair Housing Act*, Title VI of the *Civil Rights Act of 1964*, section 504 of the *Rehabilitation Act of 1973*, the *Age Discrimination Act of 1975*, and section 109 of the *Housing and Community Development Act of 1974*.
5. **Cost Principles.** OMB Circular No. A-122 (Cost Principles for Nonprofit Organizations) or OMB Circular No. A-87 (Cost Principles for Local Units of Government), as appropriate.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2001.

By: \_\_\_\_\_  
*Applicant Chief Executive Officer or Other Authorized Representative*

For: \_\_\_\_\_

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## Chart A: CB/CR PROGRAM STAFFING      Applicant Name: \_\_\_\_\_

| I. APPLICANT         |                           |                       |                          |               |
|----------------------|---------------------------|-----------------------|--------------------------|---------------|
| Name of Staff Person | Organization and Position | Role in Grant Program | Percent of Time on Grant | Cost to Grant |
|                      |                           |                       |                          |               |
|                      |                           |                       |                          |               |
|                      |                           |                       |                          |               |
|                      |                           |                       |                          |               |

  

| II. CONTRACTOR ROLE                |                       |                                 |
|------------------------------------|-----------------------|---------------------------------|
| Type of Contractor to be Solicited | Role in Grant Program | Estimated Cost to Grant Program |
|                                    |                       |                                 |
|                                    |                       |                                 |
|                                    |                       |                                 |
|                                    |                       |                                 |

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**Chart B: CB/CR Applicant Track Record**  
**Applicant:**

| Program | Project Number | % of Term Complete | % of Funds Drawn Down | Major Goal #1 | Percent Complete | Major Goal #2 | Percent Complete |
|---------|----------------|--------------------|-----------------------|---------------|------------------|---------------|------------------|
|         |                |                    |                       |               |                  |               |                  |
|         |                |                    |                       |               |                  |               |                  |
|         |                |                    |                       |               |                  |               |                  |
|         |                |                    |                       |               |                  |               |                  |
|         |                |                    |                       |               |                  |               |                  |
|         |                |                    |                       |               |                  |               |                  |
|         |                |                    |                       |               |                  |               |                  |
|         |                |                    |                       |               |                  |               |                  |

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**ROSS FY 2001 FUNDING  
CAPACITY BUILDING AND/OR CONFLICT RESOLUTION**

**CHART C  
CB/CR SUMMARY BUDGET LINE ITEMS**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check the appropriate line items for the grant for which you are applying.

**Capacity Building**

|            |                                     |
|------------|-------------------------------------|
| _____ 3000 | <b>Capacity Building Activities</b> |
| _____ 3010 | Training                            |
| _____ 3011 | Consultants                         |
| _____ 3012 | Other                               |
| _____ 9100 | <b>Travel Costs</b>                 |
| _____ 9300 | <b>Contract Administrator</b>       |
| _____ 9400 | <b>Administrative Costs</b>         |

**Conflict Resolution**

|            |                                       |
|------------|---------------------------------------|
| _____ 4000 | <b>Mediation Activities</b>           |
| _____ 4010 | Establishment of Violence Free Zones  |
| _____ 4011 | Youth Services Activities             |
| _____ 4012 | Resident/PHA Issues                   |
| _____ 4013 | Development of Materials              |
| _____ 4014 | Training for Mediation/Reconciliation |
| _____ 4015 | Technical Assistance to RAs           |
| _____ 9100 | <b>Travel Costs</b>                   |
| _____ 9300 | <b>Contract Administrator</b>         |
| _____ 9400 | <b>Administrative Costs</b>           |

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**CHART D: BUDGET WORK PLAN SUMMARY -PART I (Capacity Building or Conflict Resolution) Applicant Name:**

| BUDGET LINE ITEM<br>Include grant funding totals in each bolded line item. | ACTIVITIES<br>(Identify lead agency: housing authority, contractor, subgrantee, etc) | CB/CR<br>GRANT<br>FUNDS | NON-CB/CR<br>PARTNER<br>FUNDS | ACTIVITY<br>START/END<br>DATE |
|--|--|-------------------------|-------------------------------|-------------------------------|
| <b>3000 Capacity Building Activities</b><br><b>TOTAL: \$</b>               |  |                         |                               |                               |
| 3010<br>Training   |  |                         |                               |                               |
| 3011<br>Consultants  |  |                         |                               |                               |
| 3012<br>Other  |  |                         |                               |                               |
| <b>9100 Travel Costs</b><br><b>TOTAL: \$</b>                               |  |                         |                               |                               |
| <b>9300 Contract Administrator</b><br><b>TOTAL: \$</b>                     |  |                         |                               |                               |
| <b>9400 Administrative Costs</b><br><b>TOTAL: \$</b>                       |  |                         |                               |                               |

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